

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09785188</i>	FILING DATE <i>02-20-01</i>	
							CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2		/					52		
3		1					53		
4			/				54		
5			1				55		
6				/			56		
7				1			57		
8					/		58		
9					1		59		
10						/	60		
11						1	61		
12							62		
13							63		
14							64		
15							65		
16							66		
17							67		
18							68		
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20							70		
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25							75		
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27							77		
28							78		
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35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	5						TOTAL IND.		
TOTAL DEP.	20	↔	↔	↔			TOTAL DEP.	↔	↔
TOTAL CLAIMS	25						TOTAL CLAIMS		